

OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2018



U.S. Department of Labor

Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name DEN2

Company Name _____

City **Aurora** State **Colorado**

Identify the person

Describe the case

Classify the case

(A)	(B)	(C)
Case no.	Employee's Name	Job title (e.g., Welder)

(D)	(E)
Date of injury or onset of illness	Where the event occurred (e.g., Loading dock north end)

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

Using these four categories, check **ONLY** the most serious result for each case:

LY Enter the number of
days the injured or
ill worker was:

Check the "Injury" column or
choose one type of illness:

Death	Days away from work	Remained at work		Away from work (K)	On job transfer or restriction (L)	(M)					
		Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>180</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>36</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>15</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>180</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>44</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>19</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>65</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>100</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>53</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>173</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>176</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>22</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>18</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

225	Privacy Case	<u>Amazon Warehouse</u> <u>1/7</u>	<u>Rainbow aisle 209</u>
234	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>1/10</u>	<u>Pick</u>
274	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>1/11</u>	<u>Ship dock</u>
248	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>1/19</u>	<u>wide aisle 385</u>
238	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>1/21</u>	<u>Pack Line 2 Station 8</u>
243	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>1/22</u>	<u>Taping station by pack line 3</u>
237	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>1/23</u>	<u>Inbound Sortable Receive Line</u>
242	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>1/26</u>	<u>Ship dock</u>
251	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>2/5</u>	<u>Each receive line WS-A-R-1-17</u>
256	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>2/5</u>	<u>Ship dock</u>
279	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>2/6</u>	<u>on PIT</u>
268	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>2/14</u>	<u>Pack</u>
272	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>2/18</u>	<u>OB Problem Solve</u>
281	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>2/26</u>	<u>Pack line 6 station 7</u>
288	Privacy Case	<u>Associate</u> <u>Warehouse</u> <u>3/4</u>	<u>Ship Dock cell 2 spur 2</u>
291	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>3/5</u>	<u>Pack line 6 Station 4</u>
295	Privacy Case	<u>Associate</u> <u>Amazon Warehouse</u> <u>3/8</u>	<u>VNA170</u>

307	Privacy Case	<u>Amazon Warehouse 3/14</u> <u>Associate</u>	<u>Stow car wash</u>	<u>Bruise, Hips/pelvis, Lower Back, Cart: OP</u> <u>Cage</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>100</u> days	<u>80</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
308	Privacy Case	<u>Amazon Warehouse 3/20</u> <u>Associate</u>	<u>P-1-R 212</u>	<u>Sprain/strain, Hips/pelvis, Lower Back,</u> <u>Product: Unstable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>158</u> days	<u>22</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
309	Privacy Case	<u>Amazon Warehouse 3/20</u> <u>Associate</u>	<u>Ship dock</u>	<u>Sprain/strain, Back, Lower Back, Product:</u> <u>Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>15</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
310	Privacy Case	<u>Amazon Warehouse 3/20</u> <u>Associate</u>	<u>P mod A level</u>	<u>Sprain/strain, Back, Lower Back, Product:</u> <u>Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>36</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
313	Privacy Case	<u>Amazon Warehouse 3/23</u> <u>Associate</u>	<u>Pack line 3 station 7</u>	<u>Sprain/strain, Hips/pelvis, Right</u> <u>Hip/pelvis, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>25</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
340	Privacy Case	<u>Amazon Warehouse 3/25</u> <u>Associate</u>	<u>P mod. A level</u>	<u>Sprain/strain, Hand, Left Hand, Right</u> <u>Hand, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>15</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
318	Privacy Case	<u>Amazon Warehouse 3/28</u> <u>Associate</u>	<u>aisle 376</u>	<u>Bruise, Elbow, Right Elbow, Cart: OP Cage</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>9</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
323	Privacy Case	<u>Amazon Warehouse 3/29</u> <u>Associate</u>	<u>VNA stow</u>	<u>Bruise, Shoulder, Left Shoulder, Product:</u> <u>Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>122</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
345	Privacy Case	<u>Amazon Warehouse 3/29</u> <u>Associate</u>	<u>Ship Dock</u>	<u>Sprain/strain, Neck, Neck, Left Shoulder,</u> <u>Product: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
317	Privacy Case	<u>Warehouse 3/29</u> <u>Associate</u>	<u>BOD Line 1</u>	<u>Bruise, Head other than face, Skull,</u> <u>Product: Unstable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
330	Privacy Case	<u>Amazon Warehouse 4/6</u> <u>Associate</u>	<u>Pack line 9 Station 8</u>	<u>Bruise, Foot, Left Foot, Left Second</u> <u>Toe, Left Little Toe, Product: Unstable</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>7</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
332	Privacy Case	<u>Amazon Warehouse 4/10</u> <u>Associate</u>	<u>Spur 2 cell 202</u>	<u>Sprain/strain, Shoulder, Left Shoulder,</u> <u>Equip: Water Taper</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>180</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
333	Privacy Case	<u>Amazon Warehouse 4/12</u> <u>Associate</u>	<u>Pallet dock, door 181</u>	<u>Eye irritation, Eye, Left Eye, Debris: Dust</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>33</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
338	Privacy Case	<u>Amazon Warehouse 4/13</u> <u>Associate</u>	<u>Case receive zone 7</u>	<u>Concussion, Head - Facial Area, Skull,</u> <u>Product: Unstable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>71</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
341	Privacy Case	<u>Amazon Warehouse 4/15</u> <u>Associate</u>	<u>Between pack line 9 and 10</u>	<u>Sprain/strain, Ankle, Left Ankle, Cart: OP</u> <u>Cage</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>92</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
349	Privacy Case	<u>Amazon Warehouse 4/16</u> <u>Associate</u>	<u>Pack line 6, station 5,</u>	<u>Sprain/strain, Wrist, Left Wrist, Equip:</u> <u>Tape Gun</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>16</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
354	Privacy Case	<u>Amazon Warehouse 4/18</u> <u>Associate</u>	<u>VNA 162</u>	<u>Sprain/strain, Shoulder, Neck, Left</u> <u>Shoulder, Upper Back, Equip: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>180</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
367	Privacy Case	<u>Amazon Warehouse 4/19</u> <u>Associate</u>	<u>Pick</u>	<u>Bruise, Foot, Left Foot, Equip: Pallet</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>28</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
351	Privacy Case	<u>Amazon Warehouse 4/24</u> <u>Associate</u>	<u>Station 202</u>	<u>Sprain/strain, Knee, Left Knee, Product:</u> <u>Unstable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>180</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
359	Privacy Case	<u>Amazon Warehouse 4/24</u> <u>Associate</u>	<u>Pack line 8 station 4</u>	<u>Sprain/strain, Finger, Left Index Finger,</u> <u>Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>15</u> days	<u>14</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
380	Privacy Case	<u>Warehouse 4/27</u> <u>Associate</u>	<u>Receive dock</u>	<u>Sprain/strain, Elbow, Left Elbow, Right</u> <u>Elbow, Right Wrist, Equip: Stretch wrap</u> <u>tool</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>42</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
377	Privacy Case	<u>Amazon Warehouse 4/29</u> <u>Associate</u>	<u>OB dock</u>	<u>Sprain/strain, Back, Upper Back,</u> <u>Conveyor: Flex</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>100</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
366	Privacy Case	<u>Amazon Warehouse 5/3</u> <u>Associate</u>	<u>Gift Wrap Station</u>	<u>Sprain/strain, Hand, Left Wrist, Product:</u> <u>Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>50</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
376	Privacy Case	<u>Amazon Warehouse 5/9</u> <u>Associate</u>	<u>Stow</u>	<u>Sprain/strain, Shoulder, Right Shoulder,</u> <u>Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>49</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
383	Privacy Case	<u>Amazon Warehouse 5/11</u> <u>Associate</u>	<u>Ship dock AM to complete investigation</u>	<u>Sprain/strain, Shoulder, Right Shoulder,</u> <u>Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>36</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
384	Privacy Case	<u>Amazon Warehouse 5/14</u> <u>Associate</u>	<u>Library drop zone</u>	<u>Sprain/strain, Groin, Abdomen, Lower</u> <u>Trunk, Groin, Cart: OP Cage</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>79</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
386	Privacy Case	<u>Amazon Warehouse 5/15</u> <u>Associate</u>	<u>Line 10</u>	<u>Sprain/strain, Back, Middle Back, Product:</u> <u>Heavy / Bulky</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
473	Privacy Case	<u>Amazon Warehouse 5/25</u> <u>Associate</u>	<u>Pallet Dock</u>	<u>Sprain/strain, Elbow, Right Elbow, Equip:</u> <u>Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>5</u> days	<u>180</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
400	Privacy Case	<u>Amazon Warehouse 5/30</u> <u>Associate</u>	<u>VNA aisle</u>	<u>Sprain/strain, Finger, Right Hand,</u> <u>Product: Improperly prepped</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>44</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
421	Privacy Case	<u>Amazon Warehouse 6/8</u> <u>Associate</u>	<u>Stow</u>	<u>Sprain/strain, Back, Lower Back, Cart: OP</u> <u>Cage</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>31</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

409	Privacy Case	<u>Amazon Warehouse 6/10</u> <u>Associate</u>	<u>OB Pack lines.</u>	<u>Bruise, Leg, Left Calf, Equip: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>65 days</u>	<u>7 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
410	Privacy Case	<u>Amazon Warehouse 6/10</u> <u>Associate</u>	<u>IB receive dock.</u>	<u>Fracture, Foot, Left Foot, PIT: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>76 days</u>	<u>104 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
412	Privacy Case	<u>Amazon Warehouse 6/10</u> <u>Associate</u>	<u>OB Ship Dock.</u>	<u>Sprain/strain, Wrist, Right Wrist, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>68 days</u>	<u>41 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
420	Privacy Case	<u>Amazon Warehouse 6/13</u> <u>Associate</u>	<u>aisle 390</u>	<u>Crushing/smashing injury, Finger, Left Ring Finger, Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>28 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
429	Privacy Case	<u>Amazon Warehouse 6/22</u> <u>Associate</u>	<u>OB ship dock--sorter, conveyor to cage.</u>	<u>Sprain/strain, Wrist, Left Wrist, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>62 days</u>	<u>103 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
435	Privacy Case	<u>Amazon Warehouse 6/28</u> <u>Associate</u>	<u>VNA aisle 189-190</u>	<u>Bruise, Back, Lower Back, Left Forearm, PIT: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>35 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
437	Privacy Case	<u>Amazon Warehouse 7/2</u> <u>Associate</u>	<u>P-1-R223G230</u>	<u>Bruise, Toe, Left Forearm, Right Great Toe, Product: Unstable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>41 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
469	Privacy Case	<u>Amazon Warehouse 7/4</u> <u>Associate</u>	<u>Receive line</u>	<u>Sprain/strain, Back, Upper Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>19 days</u>	<u>16 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
439	Privacy Case	<u>Amazon Warehouse 7/9</u> <u>Associate</u>	<u>AA states product that caused injury was either in aisle 211 or 219.</u>	<u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>43 days</u>	<u>37 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
441	* Privacy Case	<u>Amazon Warehouse 7/10</u> <u>Associate</u>	<u>OB Pack line 3.</u>	<u>Sprain/strain, Shoulder, Right Shoulder, Product: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0 days</u>	<u>180 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
453	Privacy Case	<u>Amazon Warehouse 7/11</u> <u>Associate</u>	<u>Driving on OP while stowing items in VNAs</u>	<u>Sprain/strain, Wrist, Left Wrist, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>33 days</u>	<u>25 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
445	Privacy Case	<u>Warehouse 7/15</u> <u>Associate</u>	<u>VNA isle 107-108</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0 days</u>	<u>139 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
446	Privacy Case	<u>Amazon Warehouse 7/17</u> <u>Associate</u>	<u>DD136</u>	<u>Bruise, Toe, Right Middle Toe, Cart: OP Cage</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
454	Privacy Case	<u>Amazon Warehouse 7/17</u> <u>Associate</u>	<u>Case stow</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>41 days</u>	<u>56 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
456	Privacy Case	<u>Amazon Warehouse 7/17</u> <u>Associate</u>	<u>Pack Line 3</u>	<u>Sprain/strain, Wrist, Right Wrist, Equip: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
460	Privacy Case	<u>Amazon Warehouse 7/17</u> <u>Associate</u>	<u>Inbound</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Equip: Pallet Jack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>14 days</u>	<u>61 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
465	Privacy Case	<u>Amazon Warehouse 7/17</u> <u>Associate</u>	<u>Outbound docks.</u>	<u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0 days</u>	<u>21 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
455	Privacy Case	<u>Amazon Warehouse 7/18</u> <u>Associate</u>	<u>trash</u>	<u>Sprain/strain, Back, Lower Back, Equip: Pallet Jack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>30 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
472	Privacy Case	<u>Amazon Warehouse 7/19</u> <u>Associate</u>	<u>VNA</u>	<u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>31 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
470	Privacy Case	<u>Amazon Warehouse 7/21</u> <u>Associate</u>	<u>VNAs</u>	<u>Bruise, Toe, Right Great Toe, Product: Unstable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
463	Privacy Case	<u>Amazon Warehouse 7/24</u> <u>Associate</u>	<u>Pick</u>	<u>Sprain/strain, Back, Lower Back, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>21 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
464	Privacy Case	<u>Amazon Warehouse 7/24</u> <u>Associate</u>	<u>Pack Line 8 Station 9</u>	<u>Sprain/strain, Ankle, Left Hip/pelvis, Left Ankle, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>119 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
478	Privacy Case	<u>Amazon Warehouse 7/30</u> <u>Associate</u>	<u>Inbound Dock</u>	<u>Sprain/strain, Knee, Right Knee, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8 days</u>	<u>28 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
483	Privacy Case	<u>Amazon Warehouse 8/1</u> <u>Associate</u>	<u>Stow</u>	<u>Sprain/strain, Back, Left Upper Arm, Cart: OP Cage</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
489	Privacy Case	<u>Amazon Warehouse 8/1</u> <u>Associate</u>	<u>OB dock</u>	<u>Sprain/strain, Hand, Left Wrist, Product: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0 days</u>	<u>29 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
485	Privacy Case	<u>Amazon Warehouse 8/2</u> <u>Associate</u>	<u>Non Con</u>	<u>Sprain/strain, Ankle, Right Ankle, Equip: Scanner</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>5 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
488	* Privacy Case	<u>Amazon Warehouse 8/2</u> <u>Associate</u>	<u>Rainbow</u>	<u>Sprain/strain, Wrist, Left Wrist, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>61 days</u>	<u>119 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
490	Privacy Case	<u>Amazon Warehouse 8/6</u> <u>Associate</u>	<u>Dock Door 168</u>	<u>Bruise, Foot, Left Foot, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>20 days</u>	<u>9 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
497	Privacy Case	<u>Amazon Warehouse 8/10</u> <u>Associate</u>	<u>Shipping dock 114</u>	<u>Sprain/strain, Neck, Neck, Product: Unstable</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7 days</u>	<u>0 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
499	Privacy Case	<u>Amazon Warehouse 8/12</u> <u>Associate</u>	<u>Stow/VNA, aisle 187</u>	<u>Sprain/strain, Shoulder, Left Shoulder, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0 days</u>	<u>29 days</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Incidents & Measurements

500	Privacy Case	<u>Amazon Warehouse</u> 8/13	<u>OP singles</u>	<u>Sprain/strain, Wrist, Right Wrist, Product:</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>GOH</u>												
513	Privacy Case	<u>Amazon Warehouse</u> 8/18	<u>Stow car wash, lane closest to bathrooms</u>	<u>Sprain/strain, Shoulder, Right Shoulder,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	33 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Cart: OP Cage</u>												
510	Privacy Case	<u>Amazon Warehouse</u> 8/21	<u>OB Pack</u>	<u>Sprain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>														
532	Privacy Case	<u>Amazon Warehouse</u> 8/23	<u>Inbound dock</u>	<u>Sprain/strain, Shoulder, Left</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	118 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Shoulder, Right Shoulder, Product: Heavy / Bulky</u>												
512	Privacy Case	<u>Warehouse</u> 8/24	<u>DD 190 IB Dock</u>	<u>Sprain/strain, Back, Lower Back, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	31 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Other</u>												
517 *	Privacy Case	<u>Amazon Warehouse</u> 8/27	<u>Cell 1, Spur 2, OB Ship Dock</u>	<u>Sprain/strain, Shoulder, Left Shoulder,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	180 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Product: Heavy / Bulky</u>												
546	Privacy Case	<u>Amazon Warehouse</u> 8/27	<u>RMOD</u>	<u>Sprain/strain, Back, Lower Back, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	32 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Unstable</u>												
518	Privacy Case	<u>Amazon Warehouse</u> 8/28	<u>VNA</u>	<u>Bruise, Toe, Left Little Toe, Equip: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	14 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>														
527	Privacy Case	<u>Amazon Warehouse</u> 8/28	<u>Ship Dock, loading trailers</u>	<u>Sprain/strain, Ankle, Right Ankle, Stool:</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Stepstool - 2-step</u>												
520	Privacy Case	<u>Amazon Warehouse</u> 8/30	<u>OB dock</u>	<u>Bruise, Back, Middle Back, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	48 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Unstable</u>												
526	Privacy Case	<u>Amazon Warehouse</u> 9/2	<u>OB picker while working in wide racking,</u>	<u>Sprain/strain, Back, Lower Back, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	128 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Unstable</u>												
525	Privacy Case	<u>Amazon Warehouse</u> 9/3	<u>Dock Door 114 on ship dock,</u>	<u>Bruise, Toe, Right Little Toe, Cart: OP</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Cage</u>												
530	Privacy Case	<u>Amazon Warehouse</u> 9/5	<u>Pick Area</u>	<u>Bruise, Neck, Neck, Right Shoulder,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	7 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Product: Unstable</u>												
560	Privacy Case	<u>Amazon Warehouse</u> 9/5	<u>Inbound Receive</u>	<u>Sprain/strain, Back, Upper Back, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	31 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Heavy / Bulky</u>												
535	Privacy Case	<u>Amazon Warehouse</u> 9/7	<u>Bin Location: P-1-F610A180; Nearest</u>	<u>Sprain/strain, Chest, Ribs, Equip: Pallet</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	98 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>	<u>Reference: Pole M10</u>													
534	Privacy Case	<u>Warehouse</u> 9/8	<u>Outbound Shipdock, DD137</u>	<u>Bruise, Leg, Right Calf, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>														
536	Privacy Case	<u>Amazon Warehouse</u> 9/10	<u>Rainbow Aisle</u>	<u>Bruise, Hand, Right Hand, Product: Heavy / Bulky</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>														
542	Privacy Case	<u>Amazon Warehouse</u> 9/11	<u>Packing line 8</u>	<u>Sprain/strain, Neck, Neck, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	33 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Unstable</u>												
553	Privacy Case	<u>Warehouse</u> 9/12	<u>Outbound</u>	<u>Sprain/strain, Head other than face,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	68 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Scalp, Neck, None</u>												
554	Privacy Case	<u>Warehouse</u> 9/18	<u>VNA Aisle 178-190</u>	<u>Sprain/strain, Wrist, Right Wrist, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	106 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Heavy / Bulky</u>												
552	Privacy Case	<u>Amazon Warehouse</u> 9/19	<u>Outbound</u>	<u>Sprain/strain, Shoulder, Left Shoulder,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	56 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Product: Heavy / Bulky</u>												
557	Privacy Case	<u>Amazon Warehouse</u> 9/24	<u>Receive</u>	<u>Sprain/strain, Elbow, Right Elbow,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	21 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Product: Heavy / Bulky</u>												
559	Privacy Case	<u>Amazon Warehouse</u> 9/24	<u>Inbound</u>	<u>Bruise, Head - Facial Area, Right Eye,</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Cart: OP Cage</u>												
558	Privacy Case	<u>Amazon Warehouse</u> 9/25	<u>Outbound</u>	<u>Sprain/strain, Elbow, Left Elbow, Cart: OP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	57 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Cage</u>												
609	Privacy Case	<u>Amazon Warehouse</u> 10/1	<u>IB each receive station,</u>	<u>Sprain/strain, Wrist, Left Wrist, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	99 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>														
568	Privacy Case	<u>Amazon Warehouse</u> 10/2	<u>OB dock</u>	<u>Sprain/strain, Ankle, Left Ankle, Cart: OP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	54 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Cage</u>												
574	Privacy Case	<u>Amazon Warehouse</u> 10/4	<u>Stow</u>	<u>Sprain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	23 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>														
570	Privacy Case	<u>Amazon Warehouse</u> 10/7	<u>Multis</u>	<u>Sprain/strain, Back, Lower Back, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	51 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Heavy / Bulky</u>												
571	Privacy Case	<u>Amazon Warehouse</u> 10/8	<u>Line 403, OB Ship Dock,</u>	<u>Bruise, Finger, Left Index Finger, Cart: OP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Cage</u>												
576	Privacy Case	<u>Amazon Warehouse</u> 10/11	<u>Pick parking pole K2</u>	<u>Sprain/strain, Ankle, Left Ankle, PIT:</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 days	165 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>		<u>Other</u>												

583	Privacy Case	<u>Amazon Warehouse</u>	<u>10/14</u>	<u>OB ship dock, near dock door 139.</u>	<u>Sprain/strain, Shoulder, Right Shoulder,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>11</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Product: Unstable</u>												
588	Privacy Case	<u>Amazon Warehouse</u>	<u>10/19</u>	<u>BOD</u>	<u>Sprain/strain, Shoulder, Lower Back, Left</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>156</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Shoulder, Product: Other</u>												
589	Privacy Case	<u>Amazon Warehouse</u>	<u>10/19</u>	<u>Library unknown Aisle</u>	<u>Sprain/strain, Arm, Right Forearm, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>															
642	Privacy Case	<u>Amazon Warehouse</u>	<u>10/19</u>	<u>Pack</u>	<u>Sprain/strain, Hand, Left Wrist, Left</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>46</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Hand, Left Thumb, Product: Unstable</u>												
599	Privacy Case	<u>Amazon Warehouse</u>	<u>10/22</u>	<u>Dock sort lane 201.</u>	<u>Sprain/strain, Leg, Left Calf, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>32</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Other</u>												
594	Privacy Case	<u>Warehouse</u>	<u>10/27</u>	<u>P-1-P313E230</u>	<u>Loss of consciousness, Head other than</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>5</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>face, Skull, Product: Other</u>												
606	Privacy Case	<u>Amazon Warehouse</u>	<u>10/31</u>	<u>VNA 139</u>	<u>Sprain/strain, Finger, Left Little Finger,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>13</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>None</u>												
1007	Privacy Case	<u>Amazon Warehouse</u>	<u>11/5</u>	<u>Pack Line</u>	<u>Sprain/strain, Shoulder, Left</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>56</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Shoulder, Right Shoulder, None</u>												
613	Privacy Case	<u>Amazon Warehouse</u>	<u>11/5</u>	<u>Pack 4-9</u>	<u>Sprain/strain, Arm, Right Upper Arm,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>34</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Product: Heavy / Bulky</u>												
608	Privacy Case	<u>Amazon Warehouse</u>	<u>11/6</u>	<u>Pack Line 5 Station 10</u>	<u>Bruise, Knee, Left Knee, Cart: OP Cage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>11</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>															
941	Privacy Case	<u>Amazon Warehouse</u>	<u>11/9</u>	<u>Aisle 327 - DEN 2</u>	<u>Bruise, Back, Upper Back, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>58</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Unstable</u>												
618	Privacy Case	<u>Amazon Warehouse</u>	<u>11/14</u>	<u>Ship dock</u>	<u>Sprain/strain, Neck, Neck, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>53</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>															
619	Privacy Case	<u>Amazon Warehouse</u>	<u>11/15</u>	<u>Inbound Receive</u>	<u>Bruise, Wrist, Left Wrist, Conveyor: Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>6</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>															
628 *	Privacy Case	<u>Amazon Warehouse</u>	<u>11/19</u>	<u>N/A</u>	<u>Abrasion/scratches (superficial), Foot, Left</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>180</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Foot, Right Foot, Other</u>												
632	Privacy Case	<u>Amazon Warehouse</u>	<u>11/21</u>	<u>Pick/BODs</u>	<u>Sprain/strain, Elbow, Right Elbow,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>64</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Product: Heavy / Bulky</u>												
630	Privacy Case	<u>Amazon Warehouse</u>	<u>11/22</u>	<u>Amazon Warehouse</u>	<u>Sprain/strain, Knee, Left Knee, Cart: OP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>15</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Cage</u>												
631	Privacy Case	<u>Amazon Warehouse</u>	<u>11/25</u>	<u>Parking Lot</u>	<u>Bruise, Head other than face, Skull,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Weather: rain, ice, snow</u>												
646	Privacy Case	<u>Amazon Warehouse</u>	<u>12/1</u>	<u>Warehouse - gift wrap</u>	<u>Sprain/strain, Shoulder, Left Shoulder,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Product: Unstable</u>												
1075	Privacy Case	<u>Amazon Warehouse</u>	<u>12/3</u>	<u>Pack Singles</u>	<u>Sprain/strain, Wrist, Right Wrist, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>92</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>															
1001	Privacy Case	<u>Amazon Warehouse</u>	<u>12/13</u>	<u>P-1-V142M214</u>	<u>Sprain/strain, Back, Lower Back, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>42</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Other</u>												
10006	Privacy Case	<u>Amazon Warehouse</u>	<u>12/18</u>	<u>Pack Line 6</u>	<u>Sprain/strain, Knee, Left Knee, Product:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>25</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Other</u>												
1009	Privacy Case	<u>Amazon Warehouse</u>	<u>12/19</u>	<u>Pack lane 3 station 2</u>	<u>Sprain/strain, Arm, Left Upper Arm,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>10</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>			<u>Product: Other</u>												
1001	Privacy Case	<u>Amazon Warehouse</u>	<u>12/20</u>	<u>Pack walkway</u>	<u>Bruise, Foot, Left Heel, Cart: OP Cage</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>19</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>															
652	Privacy Case	<u>Amazon Warehouse</u>	<u>12/20</u>	<u>Case receive</u>	<u>Sprain/strain, Back, Middle Back, None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>45</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<u>Associate</u>															

Page totals ➤

0	73	52	6	3,771	3,807	131	0	0	0	0	0
						Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(1)	(2)	(3)	(4)	(5)	(6)

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